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## **REQUEST FOR FUNDING ANNOUNCEMENT – RFF #2023-015 FOR Individual Placement and Support**

### **Introduction:**

This is a Request for Funding announcement (RFF) issued by the Family and Social Services Administration, Division of Mental Health & Addiction. The date for this project is January 1, 2024, through December 31, 2025.

This RFF is intended to publicize the availability of Grant opportunities for services described herein. Neither the issuance of this RFF nor the receipt of any responses thereto, shall create any obligation to the State of Indiana to make any award pursuant hereto. The award of any grant(s) as a result of this RFF shall be at the sole discretion of FSSA. Neither this RFF nor any response (“proposal”) submitted hereto are to be construed as a legal offer.

### **Project Description:**

In collaboration with Vocational Rehabilitation (VR), the Division of Mental Health and Addiction (DMHA) is seeking applicants to expand or create competitive integrated employment outcomes for individuals with mental health diagnoses through Individual Placement and Support (IPS) supported employment services based upon the eight (8) Individual Placement and Support (IPS) principles at Indiana DMHA certified Community Mental Health Centers (CMHC). Participating CMHCs are expected to train staff and develop a partnership with VR.

### *History of the Project*

The DMHA and VR have been coordinating and aligning services to better meet the needs of people in Indiana with serious mental illness (SMI). Two (2) CMHC early-adopter sites, have implemented significant changes within how they provide services. With their input, VR and DMHA have developed a funding guidance document to ensure the program’s sustainability. Appendix A is the Indiana funding guidance for IPS detailing a crosswalk of both Medicaid Rehabilitation Option (MRO) and VR payments for IPS, sequencing and braiding the funding sources for seamless service delivery. According to early adopter site feedback, the program is fiscally sustainable if both MRO and VR funding streams are utilized by the CMHC.

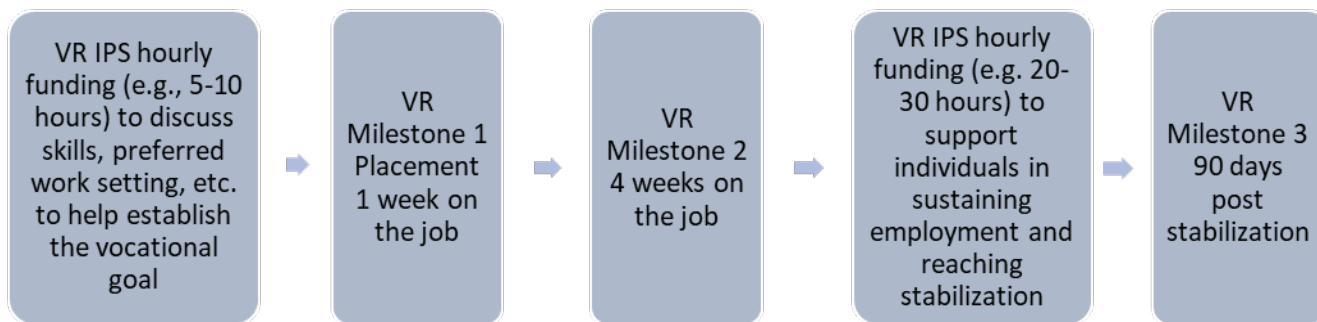
MRO will **reimburse for supports that are addressed in an individual’s treatment plan** that are directly related to helping an individual overcome or address psychiatric symptoms interfering with seeking, obtaining, and maintaining a job. The services being provided are focused on illness management and recovery, *regardless of setting*. Treatment plans should address a person’s interest, desire to work, or career pursuits.

Vocational Rehabilitation **helps eligible individuals with disabilities, including those with mental health diagnosis, to achieve their employment goals.** Services for eligible individuals are based upon an Individualized Plan for Employment (IPE), which is created by VR and the individual, and is designed to achieve the planned employment outcome. VR can provide a wide range of specific services to support eligible individuals to prepare for, secure, retain, advance in, or regain employment that is consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

An identified challenge to the program was hiring and retaining employment specialists (ES). IPS ES staff must be eligible to bill MRO and are tasked to build business relationships in the community. Applicants may address workforce challenges by addressing strategies for recruiting and retaining these staff members.

*Project Requirements:*

- Letter of commitment from CMHC leadership to competitive employment offered through IPS (an evidence-based practice) being a part of recovery.
- Employ at least one (1) Full Time Equivalent (FTE) ES dedicated to IPS services.
- ES shall spend at least 65% of their work hours in the community, which includes VR offices, businesses, libraries, educational institutions, training sites, and travel.
- Capacity by CMHC to submit monthly reports with claims for program evaluation.
- Written commitment of annual IPS fidelity review by VR and DMHA
- Eligible participants must have serious mental illness (SMI) per funding source requirement.
  - Applicants shall submit in writing a commitment to meeting with the DMHA/VR State leadership staff on at least a quarterly basis to provide updates. CMHC is capable and actively expanding to meeting billing requirements for VR for eligible IPS services and continues to bill MRO for non-VR services. The IPS payment structure differs from traditional VR services in the following ways:
    - There is no period for discovery. Rather, an IPE Career Profile is developed upon initiation of IPS with participants. The Career Profile can be billed to VR for VR eligible participants or through MRO funding if conducted prior to VR application and eligibility.
    - IPS hourly services billing to VR is paid at a higher rate than traditional hourly VR services (\$70/hour instead of \$50/hour). Services paid at \$70/hour include IPS Career Profile, IPS Supported Employment, and IPS hourly employment services. As shown in the graphic above, these hourly VR IPS services are combined with traditional VR employment service milestone funding.
    - IPS services are billed through a braided and sequenced approach as further outlined in Appendix A.
      - Awardees will be provided a revised IPS funding guidance document by January, 2024.



- Lastly, project must follow the core principles of IPS:

Principle	Outcome
<b>Competitive Employment</b>	Participants gain employment with jobs anyone can apply for, pay at least minimum wage/same pay as coworkers with similar duties, and have no artificial time limits imposed by the social service agency.
<b>Systematic job development</b>	Employment specialists systematically visit employers, who are selected based on the job seeker’s preferences, to learn about their business needs and hiring preferences.
<b>Rapid job search</b>	IPS programs use a rapid job search approach to help job seekers obtain jobs rather than assessments, training, & counseling. The first face to face contact with the employer occurs within thirty (30) days.
<b>Integrated services</b>	IPS programs are integrated with mental health treatment teams. Employment specialists attach to one (1) or two (2) mental health treatment teams, which discuss their caseload.
<b>Benefits planning</b>	Employment specialists help people obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government entitlements.
<b>Zero exclusion</b>	People are not excluded based on readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement.
<b>Time-unlimited supports</b>	Job supports are individualized and continue for as long as each worker wants and needs the support. Employment Specialist have face to face contact at least monthly.
<b>Worker preferences</b>	IPS program services are based on each job seeker’s preferences and choices rather than the employment specialist’s and supervisor’s judgments.

### Informational Webinar

An informational webinar via Microsoft Teams will be held on **August 9, 2023, at 2:00pm EST** for prospective CMHCs interested in IPS.

Link: [https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_MDE3YmVhNmMtN2E4Ni00Mjc4LThlNTMtYWE0Y2RhZGM5ODNh%40thread.v2/0?context=%7b%22Tid%22%3a%22199bfba-a409-4f13-b0c4-18b45933d88d%22%2c%22Oid%22%3a%224e604617-a6a1-4fce-9825-a083fcfebed7%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_MDE3YmVhNmMtN2E4Ni00Mjc4LThlNTMtYWE0Y2RhZGM5ODNh%40thread.v2/0?context=%7b%22Tid%22%3a%22199bfba-a409-4f13-b0c4-18b45933d88d%22%2c%22Oid%22%3a%224e604617-a6a1-4fce-9825-a083fcfebed7%22%7d)

Meeting ID: 216 347 204 509.

Passcode: cFgBzN

Phone conference ID (audio only): +1 317-552-1674

Phone Conference ID: 449 452 638#

During this webinar, questions will be collected and later posted in writing on the DMHA funding opportunity website (<https://www.in.gov/fssa/dmha/funding-information/>). The PowerPoint slides will also be posted to the website for review.

### Submission Requirements:

To be eligible for this grant award, organizations must possess the following characteristics:

1. Be certified as an Indiana CMHC
2. CMHC is an approved VR services provider for the provision of employment services **OR** provides written assurance that CMHC will register to become a VR provider of employment services within forty-five (45) days after notice of award.
3. Commitment to zero exclusions to IPS for persons with SMI.

**Written Proposals** - shall be submitted to the **eCivis web portal** no later than **11:59pm EST October 2, 2023**.

- **Proposals cannot be received after 11:59pm EST October 2, 2023.**
- DMHA strongly recommends that applicants submit applications on eCivis in advance of the due date.
- All portions of the proposal are entered into the eCivis platform.
- Applicants will need to enter the following information, in addition to the application:
  - State budget category: enter “Health and Human Services.”
  - State legislative district of applicant
  - State legislative district impacted by project.
  - Congressional legislative district
  - Congressional legislative district impacted by project.
  - Bidder number
  - Supplier/vendor ID

### Questions Regarding this RFF:

Questions regarding this RFF must be submitted via e-mail to Katherine Heger no later than **4:30 p.m. EST on August 25, 2023**.

- **Questions received after 4:30p.m. EST** will not be included on the Q&A form posted on the website and may not be answered timely, if at all.
- Email subject line for questions must be: **Questions for RFF# 2023-015**

Questions received by the due date will be answered by **September 8, 2023**, and posted to the DMHA funding webpage (<https://www.in.gov/fssa/dmha/funding-information/>)

**Questions and inquires must be directed to ONLY Katherine Heger at [Katherine.heger@fssa.in.gov](mailto:Katherine.heger@fssa.in.gov). Failure to follow this expectation disqualifies the application from this RFF.**

### RFF Timeline:

**\*Subject to change\***

RFF Released: August 1, 2023

Informational Webinar: August 9, 2023, at 2:00pm EST

RFF Questions Due: August 25, 2023

RFF Answers Posted to DMHA Funding Website: September 8, 2023

**RFF Proposal Submissions Due on eCivis:** October 2, 2023

Notify Applicants of Award Determination: October 13, 2023

## Project Timeline

Project starts: January 1, 2024

Project ends: December 31, 2025

## Funding

This funding is from the Mental Health Block Grant.

Each awarded agency will receive up to **\$160,000 for two (2) years of funding**. The DMHA and VR are seeking up to two (2) grantees.

Indirect costs should not exceed 5% of the total cost of the allotted contract amount. Indirect costs are those which are necessary for the operation of the organization but are not incurred specifically for any one project or program. Familiarity with the types of costs included in the indirect cost pool provides a basis for assuring that these costs are not being charged as direct costs. Common examples of indirect costs are:

- General management – president, vice president, executive director, etc.
- General organizational expenses – insurance, taxes, legal services, telephone expenses, etc.
- Administrative services – personnel, administration, accounting, procurement, grant/contract administration, business office, etc.
- Operation and maintenance of facilities – utilities, janitorial services, repairs, etc.
- Depreciation or use allowances on the buildings and equipment.
- Fringe benefits applicable to administrative staff and fringe benefits applicable to project staff

**Non-Authorized Activities: Such items may include, but not be limited to the following:**

- Food
- Promotional items
- Capital investments, such as buildings

## Evaluation – Total Points Available: 100

Proposals will be reviewed and scored by a committee selected by the DMHA and VR. Proposals will be evaluated based upon the proven ability of the applicant to meet the goals of the project description in a cost-effective manner. A match is not required for this RFF.

The following checklist is for your reference only as it indicates the maximum points available for each item required in your proposal.

## Proposal Scored as Follows:

<b>Proposal Content Scoring Criteria</b>	<b>Maximum Points Available</b>	<b>Applicant Checklist</b>
<b>1. Eligibility</b>	<b>Pass/Fail</b>	
a. Certified CMHC		
b. Active VR services provider OR documented commitment to become a VR services provider after award notification		

c. Written commitment to meet with DMHA/VR quarterly		
<b>2. Extent of Need</b>	<b>8 points</b>	
a. Identification of needs addressed by the project		
b. How the applicant identified those needs		
<b>3. Populations Served</b>	<b>16 points</b>	
a. Identification of how CMHC SMI population could benefit from IPS		
b. Strategy for engaging people with SMI into IPS		
c. Strategy for engaging racially and ethnically diverse persons with SMI in culturally responsive manner		
d. Clear explanation of how consumers with SMI are currently accessing jobs at CMHC		
<b>4. Plan of Operation</b>	<b>40 points</b>	
a. List strengths and weaknesses for each of the eight (8) IPS principles. This will be where the State IPS state trainer can support CMHC. <ul style="list-style-type: none"> <li>• Competitive Employment</li> <li>• Systematic job development</li> <li>• Rapid job search</li> <li>• Integrated services</li> <li>• Benefits planning</li> <li>• Zero exclusion</li> <li>• Time-unlimited supports</li> <li>• Worker preferences</li> </ul>		
b. Identification of areas where agency wants support with IPS implementation		
c. Explanation of how CMHC will use grant funds to implement or expand IPS for consumers with SMI		
a. Written commitment and plan for CMHC to: <ol style="list-style-type: none"> <li>i. implement IPS programming at agency, which includes regular communication and meetings with IPS state trainer and State staff; and</li> <li>ii. Learn how to braid and sequence MRO services and VR milestone payments.</li> </ol>		
b. Written plan for recruiting and retaining IPS employment specialists.		
c. Identification of counties in which the program will be operational.		
d. Organizational chart illustrating where employment services are within the agency structure.		
<b>5. Applicant Experience and Key Personnel</b>	<b>12 points</b>	
a. Qualifications of each of the management and decision-making personnel to be involved on the project		
b. Amount/percentage of time key personnel will commit to the project		
c. Letter of commitment from CMHC leadership pertaining to the implementation of IPS		

<b>6. Budget Template and Cost Effectiveness</b>	<b>12 points</b>	
a. Budget is adequate to support the project		
b. Costs are reasonable in relation to the objectives of the project		
c. Cost of program is tapered to demonstrate financial sustainability with VR funding streams		
<b>7. Sustainability of the Program</b>	<b>12 points</b>	
a. Identify long-term goals for developing sustainable methods for continuing services past grant period.		

**Definitions**

**Competitive, Integrated Employment:** There are 3 required components that must be met to satisfy the definition of competitive, integrated employment:

1. competitive wages and access to employer-provided benefits,
2. integrated setting, and
3. opportunities for advancement.

The individual’s placement must meet all criteria for VR to provide payment to a provider for the placement. These three criteria are further detailed below:

*Competitive wages:* Work can be performed on a full-time or part-time basis (including self-employment). The individual receives compensation at a rate that is not less than the federal minimum wage and is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills. In the case of an individual who is self-employed, the employment must yield an income that is comparable to the income received by other individuals who are not individuals with disabilities and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills. The individual must be eligible for the level of benefits provided to other employees.

*Integrated location:* The location of employment is typically found in the community. For the purpose of performing the duties of the position, the employee with a disability interacts with other employees within the particular work unit and the entire work site. As appropriate to the work performed, the employee with a disability interacts with other persons (e.g., customers and vendors), who do not have disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that employees who are not individuals with disabilities and who are in comparable positions interact with these persons.

*Opportunities for advancement:* The placement must provide, as appropriate, opportunities for advancement that are like those for other employees who are not individuals with disabilities and who have similar positions.

*Opportunities for advancement:* The placement must provide, as appropriate, opportunities for advancement that are like those for other employees who are not individuals with disabilities and who have similar positions.

**Serious Mental Illness (SMI):** persons above the age of 18 years who, at any time during a given year, had (1) a diagnosable mental, behavioral, or emotional disorder that met the criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and (2) which has resulted in a functional impairment which substantially interferes with or limits one or more major life



activities. Adults who have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are considered to have serious mental illness.

DSM-III-R 'V' codes (or their equivalent), substance use disorders, and developmental disorders are excluded from this definition.

### **Sample Budget Template – RFF-2023-013**

Applicants may submit their own budget narrative in the format of their choosing. Budget must include staff salaries, fringe benefits, and other costs associated with supported employment programming. A sample budget template is available and can be used to assist you in completing your proposal. Visit this link to download: [SAMHSA Detailed Budget and Narrative Justification Template.](#)

### **Confidential Information**

Potential respondents are advised that materials contained in proposals are subject to the Indiana Public Records Act, IC 5-14-3 et seq., and after the grant award may be viewed and/or copied by any member of the public, including news agencies and competitors. Potential respondents claiming a statutory exception to the Indiana Public Records Act must place all confidential documents in a sealed envelope clearly marked "Confidential" and must indicate on the outside of their proposal envelope that confidential materials are included and, in their cover letter, specify which statutory exception provision applies. The State reserves the right to make determinations of confidentiality. If the State does not agree that the information designated is confidential under one of the disclosure exceptions to the Public Records Act, it may either reject the proposal or discuss its interpretation of the allowable exceptions with the respondent. If agreement can be reached, the proposal will be considered. If agreement cannot be reached, the State will remove the proposal from consideration for award and return the proposal to the respondent upon request. The State will not determine price to be confidential information.



# **FUNDING GUIDANCE FOR EARLY ADOPTERS OF INDIVIDUAL PLACEMENT AND SUPPORT**

*An Evidence-Based Practice Leading to  
Competitive Employment for  
Individuals with Mental Health Diagnoses*

**Written in Collaboration by Indiana  
Division of Mental Health and Addiction  
Bureau of Rehabilitation Services, Vocational Rehabilitation  
Office of Medicaid Policy and Planning**

This document is designed to provide guidance on billing for elements of supported employment under the Medicaid Rehabilitation Option and Vocational Rehabilitation services for people with serious mental illness. It is intended to assist staff in providing services and identifying billable activities related to supported employment.

Version I - December 2021

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# INTRODUCTION

**VISION - Employment for Individuals with a Mental Health Diagnoses:** Shift from a medical model of treatment to a recovery model that includes employment as an integral part of wellness.

**BACKGROUND** - Indiana is working on increasing competitive employment for people with mental health disabilities because we know that employment leads to better health, and unemployment leads to poor health and social disconnection. Approximately 75% of people with mental health disabilities in our public systems are unemployed<sup>1</sup>. According to the World Health Organization, people with severe mental health disorders have a 10–25-year reduction in life expectancy.

## **Employment Is a Critical Mental Health Intervention<sup>2</sup>**

The fastest and most efficient way to help people with serious mental illness get and keep jobs is by using the Evidence Based Practice of Individual Placement and Support, Supported Employment (IPS).

To implement this practice, Indiana is working collaboratively across agencies and departments to create policies and funding methods to support IPS. No single funding source completely supports IPS. This guidance document provides information on the braiding and sequencing of Medicaid Rehabilitation Option and Vocational Rehabilitation funds to support the provision of IPS for eligible individuals.

**WHAT IS INDIVIDUALIZED PLACEMENT AND SUPPORT?** Individual Placement and Support (IPS) is a model of supported employment for people with serious mental illness (e.g., schizophrenia spectrum disorder, bipolar, depression). IPS supported employment helps people living with behavioral health conditions work at regular jobs of their choosing. Although variations of supported employment exist, IPS refers to the evidence-based practice of supported employment. Mainstream education and technical training are included as ways to advance career paths. IPS is based on 8 principles<sup>3</sup>.

Principles of IPS:

1. **Focus on Competitive Employment:** Agencies providing IPS services are committed to competitive employment as an attainable goal for people with behavioral health conditions seeking employment. Mainstream education and specialized training may enhance career paths.
2. **Eligibility Based on Client Choice:** People are not excluded based on readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement.
3. **Integration of Rehabilitation and Mental Health Services<sup>4</sup>:** IPS programs are closely integrated with mental health treatment teams.

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<sup>1</sup> Indiana DMHA data (7/1/2018 – 6/30/2019)

<sup>2</sup> Drake and Wallach (2020)

<sup>3</sup> IPS Employment Center <https://ipsworks.org>

<sup>4</sup> One example of integration of services: Person with a mental health condition wants assistance with finding housing and employment. The Early Adopter CMHC personnel must work together to ensure the housing is nearby the job.

4. **Attention to Worker Preferences:** Services are based on each person's preferences and choices, rather than providers' judgments.
5. **Personalized Benefits Counseling:** Employment specialists help people obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government entitlements.
6. **Rapid Job Search:** IPS programs use a rapid job search approach to help job seekers obtain jobs directly, rather than providing lengthy pre-employment assessment, training, and counseling. If further education is part of their plan, IPS specialists assist in these activities as needed.
7. **Systematic Job Development:** Employment specialists systematically visit employers, who are selected based on job seeker preferences, to learn about their business needs and hiring preferences.
8. **Time-Unlimited and Individualized Support:** Job supports are individualized and continue for as long as each worker wants and needs the support.

## MEDICAID REHABILITATION OPTION IN THE WORK ENVIRONMENT

Medicaid will reimburse for supports that are addressed in an individual's treatment plan, related to helping an individual overcome or address psychiatric symptoms interfering with seeking, obtaining, and maintaining a job. The services being provided are focused on illness management and recovery, *regardless of setting*. Treatment plans should address a person's interest or desire to work or pursue a career. Documentation (action plans, progress notes, etc.) should refer to the person's diagnosis, employment goals, and why they need assistance due to psychiatric symptoms interfering with achieving employment goals.

## VOCATIONAL REHABILITATION SERVICES

Vocational Rehabilitation helps eligible individuals with disabilities to achieve their employment goals. Services for eligible individuals are based upon an Individualized Plan for Employment (IPE), which is designed to achieve the planned employment outcome. VR can provide a wide range of specific services to support eligible individuals in preparing for, securing, retaining, advancing in, or regaining employment that is consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interest, and informed choice.

## BRAIDING AND SEQUENCING OF FUNDING

As stated above, there is no single funding source for the provision of IPS. Nationally, the States that have adopted IPS have various funding configurations. See Appendix 1: *IPS Supported Employment Funding in the USA*. Indiana is initially identifying IPS funding sources to include MRO and VR. Through feedback from the IPS early adopter CMHCs, review of early adopter outcomes, and ongoing collaboration across Indiana State Agencies, alternative funding configurations may be warranted to support expansion and sustainability of IPS in Indiana.

This document serves to provide guidance regarding the types of services to support employment for which MRO funding may be used, and the employment services for which VR funding may be used. Depending upon the services the person with a mental health diagnosis might be eligible for, funding configurations could include:

- MRO may be the only funding source for IPS services
- VR may be the only funding source for IPS
- Both MRO and VR could be funding sources

**IMPORTANT NOTE:** It is anticipated that as the early adopters of IPS implement the program, feedback on this initial guidance may result in revisions.

**IMPORTANT NOTE<sup>5</sup>:** The same individual service **CANNOT** be paid for by both MRO and VR a.k.a. 'double dipping'.

**MRO is a program** designed to fund medical services, with the treatment plan clearly demonstrating the legitimate clinical need, the justification for services provided, and indicating an appropriate response to that need. Progress notes then should clearly state activities that are directly related to the goals and interventions described in the treatment plan. It is important that staff delivering services billed to Medicaid write thorough case notes that support their work as medically necessary and related to the persons' condition.

### Medicaid **WILL NOT** pay for: (Hard skills)

- Job skill training and coaching for specific job skills and job tasks, e.g., teaching the job functions like how to work on the computer, phone system, drill press, etc.
- Tuition for training programs
- Supplies for work (boots, uniforms, etc.)
- Speeches to community groups seeking engagement
- 'Cold calls' to employers for generic job leads

Medicaid **CAN** pay for Case Management, Behavioral Health Counseling and Therapy, Skills Training and Development, and Peer Recovery<sup>6</sup> in the work environment. See Appendix 2: *Excerpts from the Indiana Medicaid Rehabilitation Option Provider Manual (Version 10.0)* for definitions of these services.

The vast majority of MRO funded activities in a workplace environment focus on helping a person overcome or address psychiatric symptoms that interfere with seeking, obtaining, and maintaining a job.

- Positive symptoms include auditory or visual hallucination, incoherence or marked loosening of association, delusion, etc.
- Negative symptoms include apathy, lethargy (lack of motivation), ambivalence, flattening of emotions, isolation, and withdrawal.

**IMPORTANT NOTE:** The services or soft skills that Medicaid will reimburse are those supports that relate to any of the symptoms and are focused on illness management and recovery, **regardless of the setting.**

**IMPORTANT NOTE:** See Appendix 3: *Working Together – An IPS and ACT Guide* for recommended standards that may apply to a variety of teams, include Assertive Community Treatment teams that are working together to provide IPS services to persons with mental health diagnoses.

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<sup>5</sup> It is anticipated that the early adopter CMHCs and funding agencies will work together on ensuring IPS billing is clear and separated to avoid any duplicate payment situations.

<sup>6</sup> Indiana Medicaid Rehabilitation Option Provider Manual (Version 10.0)

**VR is a program** designed to fund services that result in employment, with the IPE clearly demonstrating the required services. Documentation from the CMHC providing IPS must clearly state the activities that took place.

**IMPORTANT NOTE:** Individual must be eligible for VR, services identified in the IPE, and authorization for services issues in order for the CMHC to be reimbursed for services.

### VR WILL NOT pay for:

- Services prior to the individual becoming eligible for the program (except for those necessary for eligibility determinations)
- Services that are not included in the IPE
- CMHC 'cold calls' to employers on behalf of a group of individuals or speeches to community groups
- Long term follow-along supports, except the provision of extended services for youth with the most significant disabilities for a maximum four-year period

### VR CAN pay for:

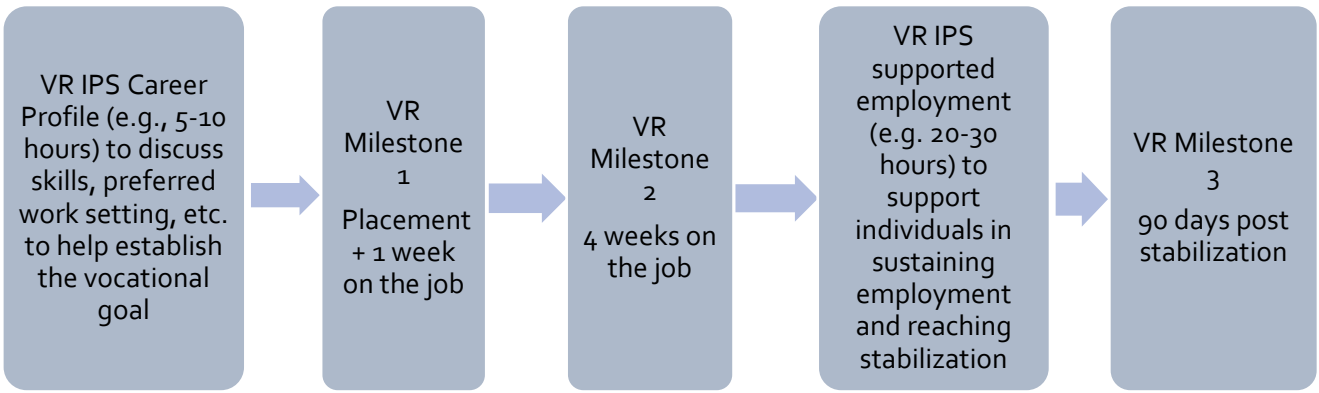
- Services that are outlined in the IPE, including but not limited to:
  - Job skill training and coaching for specific job skills and job tasks, e.g., teaching the job functions like how to work on the computer, phone system, drill press, etc.
  - Tuition for training programs
  - Supplies for work (boots, uniforms, etc.)
  - Transportation assistance
  - Assistive Technology
  - Benefits and work incentives counseling

VR will fund IPS employment services with a combination of milestone payments<sup>7</sup>, and supplemental hourly IPS service funding, dependent upon individual need. See Appendix 4: EXCERPT - *Individual Placement and Support (IPS) Guidance for IPS VRC Liaisons*. For example, activities necessary to complete the Career Profile will be authorized through hourly IPS Career Profile services. Employment supports after placement will be authorized through hourly IPS Supported Employment. Hourly job search assistance/job placement assistance may be necessary in addition to authorization of milestone 1, based on individual need and at the discretion of the VR counselor in consultation with the IPS employment services team.

### Basic VR funding structure for IPS early adopter CMHCs:

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<sup>7</sup> <https://www.in.gov/fssa/ddrs/files/VR-Manual-of-Employment-Services-February-2019.pdf>





## COMMON SERVICES AVAILABLE IN EACH PHASE OF THE EMPLOYMENT PROCESS/POSSIBLE FUNDING SOURCE<sup>8</sup>

Phase of Employment Process/ Sample Activity	MRO Allowable <sup>9</sup>	VR Allowable	Service Type	Miscellaneous Notes/Examples
<p><b>Engagement</b> Educating the person about IPS; learning about the person’s goals, strengths, and interests.</p>	YES	YES	<p>MRO Services: • Case Management</p> <p>VR Services: • IPS career profile</p>	<p>MRO - Problem solving with the person as they are contemplating employment by providing structured interviewing about the persons' skills, abilities, wishes, and experiences in the area of employment, e.g. Assessing the perceived and/or actual barriers that are impeding the person's employment success</p> <p><i>VR will be primary payer for individuals who have been determined eligible and are active VR participants, with an open authorization for IPS Career Profile hourly services. MRO will be primary payer for engagement activities conducted with individuals who do not meet this criterion (e.g., not yet applied or determined eligible for VR)</i></p>
<p><b>Engagement</b> Outreach to the person using motivational approaches.</p>	NO	NO		

<sup>8</sup> Resource: IPS Employment Center, Research Foundation for Mental Hygiene, Inc. October 27, 2021

<sup>9</sup> Only allowable provider types under the IHCP manual may bill for these services. All standards outlined in the MRO provider Manual must be followed.

Phase of Employment Process/ Sample Activity	MRO Allowable <sup>9</sup>	VR Allowable	Service Type	Miscellaneous Notes/Examples
<p><b>Career Profile</b> Discussing work preferences, work and education history, legal history, education, mobility, supports, mental health symptoms, substance use or other factors that may impact job choice and needed supports.</p>	YES	YES	<p>MRO Services:</p> <ul style="list-style-type: none"> <li>• Behavioral Health Counseling and Therapy</li> <li>• Skills Training and Development</li> </ul> <p>VR Services:</p> <ul style="list-style-type: none"> <li>• IPS Career Profile</li> </ul>	<ul style="list-style-type: none"> <li>• MRO - Teaching assertiveness training and other interpersonal communication skills in the employment setting</li> <li>• Individual plans for each funding sources need to align</li> <li>• Time to document IS a billable VR service</li> <li>• Time to document IS a billable MRO service</li> <li>• <i>VR will be primary payer for individuals who have been determined eligible and are active VR participants, with an open authorization for IPS Career Profile hourly services. MRO will be primary payer for career profile activities conducted with individuals who do not meet this criterion (e.g., not yet applied or determined eligible for VR)</i></li> </ul>
<p><b>Career Profile</b> Accompanying person to workplaces to assess whether they meet the person's interests, needs, supervision available, and what supports, or accommodations could be needed to do the job.</p>	NO	YES	<p>VR Services:</p> <ul style="list-style-type: none"> <li>• IPS Career Profile must be client specific</li> </ul>	
<p><b>Career Profile</b> Developing a written employment plan.</p>	YES	YES	<p>MRO Services:</p> <ul style="list-style-type: none"> <li>• Case Management</li> </ul> <p>VR Services:</p> <ul style="list-style-type: none"> <li>• IPS Career Profile</li> </ul>	<p><i>VR will be primary payer for individuals who have been determined eligible and are active VR participants, with an open authorization for IPS Career Profile hourly services. MRO will be primary payer for career profile activities conducted with individuals who do not meet this criterion (e.g., not yet applied or determined eligible for VR)</i></p>

Phase of Employment Process/ Sample Activity	MRO Allowable <sup>9</sup>	VR Allowable	Service Type	Miscellaneous Notes/Examples
<p><b>Career Profile</b> If desired by person, family, inclusion of significant others in discussions about job match or other concerns about the person's working plans.</p>	YES	YES	<p>MRO Services:</p> <ul style="list-style-type: none"> <li>• Case Management</li> <li>• Skills Training and Development</li> </ul> <p>VR Services:</p> <ul style="list-style-type: none"> <li>• IPS Career Profile</li> </ul>	<ul style="list-style-type: none"> <li>• MRO – Could include discussion of barriers to be overcome because of the disability (strengths, skills, mitigation tactics, coping mechanisms, etc.)</li> <li>• <i>VR will be primary payer for individuals who have been determined eligible and are active VR participants, with an open authorization for IPS Career Profile hourly services. MRO will be primary payer for career profile activities conducted with individuals who do not meet this criterion (e.g., not yet applied or determined eligible for VR)</i></li> </ul>
<p><b>Job Finding</b> Helping with résumés, interviewing skills and job applications; may relate to helping person manage symptoms related to illness such as poor concentration, misinterpretation of social expectations (personality tests), and thought disorder.</p>	YES	YES	<p>MRO Services:</p> <ul style="list-style-type: none"> <li>• Skills Training and Development</li> </ul> <p>VR Services:</p> <ul style="list-style-type: none"> <li>• Milestone 1</li> </ul>	<ul style="list-style-type: none"> <li>• MRO – Role playing with the person when they are planning interviews with potential employers to use illness management and emotional regulation skills</li> <li>• VR – Employment Specialist practices interviewing with the job seeker, assists with developing resume and job applications</li> <li>• <i>VR will be primary payer for individuals who have been determined eligible and are active VR participants, with an active IPE and open authorization for employment services (i.e., milestone 1). MRO will be primary payer for job finding activities conducted with individuals who do not meet this criterion (e.g., not yet applied or determined eligible for VR, no IPE, etc.)</i></li> </ul>

Phase of Employment Process/ Sample Activity	MRO Allowable <sup>9</sup>	VR Allowable	Service Type	Miscellaneous Notes/Examples
<p><b>Job Finding</b> Employment specialist meets with employers at their business to learn about the work environment, supervision available, social interaction required, work speed required, etc. to determine how the client's mental illness symptoms and personal strengths would affect job performance in that setting.</p>	NO	YES	VR Services: <ul style="list-style-type: none"> <li>• Milestone 1</li> <li>• Must be on behalf of the participant</li> </ul>	
<p><b>Job Finding</b> Employment specialists and clients visiting employers together. May include modeling behavior, practicing stress reduction and illness management techniques.</p>	NO	YES	VR Services: <ul style="list-style-type: none"> <li>• Milestone 1</li> </ul>	
<p><b>Job Finding</b> Employment specialists calling employers to follow up on interviews and applications; modeling same for client. Discussing the social interaction in advance and evaluating what went well or could go better after.</p>	NO	YES	VR Services: <ul style="list-style-type: none"> <li>• Milestone 1</li> </ul>	VR- IPS employment services (hourly) may supplement Milestone 1 for all job finding activities if additional effort is necessary to secure placement. Please refer to guidance in the VR Employment Services Manual regarding when supplemental job development hourly authorization (i.e., IPS Employment Services) may be appropriate

Phase of Employment Process/ Sample Activity	MRO Allowable <sup>9</sup>	VR Allowable	Service Type	Miscellaneous Notes/Examples
<p><b>Job Supports</b> Meetings with client and employer to discuss performance; may include problem solving and teaching. Or helping client practice advocating for self (asking for raise, better hours, promotion, etc.)</p>	YES	YES	<p>MRO Services:</p> <ul style="list-style-type: none"> <li>• Skills Training and Development</li> </ul> <p>VR Services:</p> <ul style="list-style-type: none"> <li>• Milestone 1 or 2 or 3</li> <li>• IPS Supported Employment</li> <li>• IPS Employment Services – on the job supports short-term for individuals who do not meet MSD criteria</li> </ul>	<ul style="list-style-type: none"> <li>• MRO-Teaching the person how to focus on reframing and ordering tasks when symptoms present barriers to working</li> <li>• <i>VR will be primary payer for individuals who have been determined eligible and are active VR participants, with an active IPE and open authorization for employment services (i.e., milestone 2, IPS supported employment, etc.). MRO will be primary payer for job support activities conducted with individuals who do not meet this criterion (e.g., not yet applied or determined eligible for VR, no IPE, etc.)</i></li> </ul>
<p><b>Job Supports</b> Meeting with clients away from the work site to talk about the job including social situations, relationships with supervisors and co-workers. May include problem solving and practice of illness</p>	YES	YES	<p>MRO Services:</p> <ul style="list-style-type: none"> <li>• Skills Training and Development</li> </ul> <p>VR Services:</p> <ul style="list-style-type: none"> <li>• Milestone 1 or 2 or 3</li> <li>• IPS Supported Employment</li> <li>• IPS Employment Services – on the job supports short-term for individuals who do not meet MSD criteria</li> </ul>	<ul style="list-style-type: none"> <li>• MRO - Teaching the person illness management and emotional regulation skills in the context of employment, both on and off the job</li> <li>• <i>VR will be primary payer for individuals who have been determined eligible and are active VR participants, with an active IPE and open authorization for employment services (i.e., milestone 2, IPS supported employment, etc.). MRO will be primary payer for job support activities conducted with individuals who do not meet this criterion (e.g., not yet applied or determined eligible for VR, no IPE, etc.)</i></li> </ul>

Phase of Employment Process/ Sample Activity	MRO Allowable <sup>9</sup>	VR Allowable	Service Type	Miscellaneous Notes/Examples
<p><b>Job Supports</b> Teaching job skills when employer-provided training is not sufficient for an individual. ~Assessing need for reasonable accommodations. ~Assistance with symptom management on the job.</p>	NO	YES	<p>VR Services:</p> <ul style="list-style-type: none"> <li>• Milestone 1 or 2 or 3</li> <li>• IPS Supported Employment</li> <li>• IPS Employment Services – on the job supports short-term for individuals who do not meet MSD criteria</li> </ul>	<p>VR - Authorization of hourly IPS Supported Employment follows guidance outlined in the VR Manual of Employment Services.</p>
<p><b>Job Supports</b> Help with grooming/dress for work when person does not understand socially acceptable presentation.</p>	YES	YES	<p>MRO Services:</p> <ul style="list-style-type: none"> <li>• Skills Training and Development</li> <li>• Behavioral Health Counseling and Therapy</li> </ul> <p>VR Services:</p> <ul style="list-style-type: none"> <li>• Milestone 1 or 2 or 3</li> <li>• IPS Supported Employment</li> <li>• IPS Employment Services – on the job supports short-term for individuals who do not meet MSD criteria</li> </ul>	<ul style="list-style-type: none"> <li>• MRO – Example: Teaching the person to improve sleep hygiene and daily living activities to enhance their effectiveness in job seeking and keeping</li> <li>• <i>VR will be primary payer for individuals who have been determined eligible and are active VR participants, with an active IPE and open authorization for employment services (i.e., milestone 2, IPS supported employment, etc.). MRO will be primary payer for job support activities conducted with individuals who do not meet this criterion (e.g., not yet applied or determined eligible for VR, no IPE, etc.)</i></li> </ul>

Phase of Employment Process/ Sample Activity	MRO Allowable <sup>9</sup>	VR Allowable	Service Type	Miscellaneous Notes/Examples
<p><b>Job Supports</b> Help solving transportation problems or learning how to use public transportation.</p>	YES	YES	<p>MRO Services:</p> <ul style="list-style-type: none"> <li>• Skills Training and Development</li> </ul> <p>VR Services:</p> <ul style="list-style-type: none"> <li>• Milestone 1 or 2 or 3</li> <li>• VR IPS Supported Employment</li> <li>• IPS Employment Services – on the job supports short-term for individuals who do not meet MSD criteria</li> </ul>	<ul style="list-style-type: none"> <li>• MRO – Would include illness management i.e., anxiety riding bus</li> <li>• VR - Purchase of bus pass, for example, is allowable</li> <li>• <i>VR will be primary payer for individuals who have been determined eligible and are active VR participants, with an active IPE and open authorization for employment services (i.e., milestone 2, IPS supported employment, etc.). MRO will be primary payer for job support activities conducted with individuals who do not meet this criterion (e.g., not yet applied or determined eligible for VR, no IPE, etc.)</i></li> </ul>
<p><b>Career Development</b> Exploration of careers related to interests</p>	YES	YES	<p>MRO Services:</p> <ul style="list-style-type: none"> <li>• Skills Training and Development</li> <li>• Case Management</li> </ul> <p>VR Services:</p> <ul style="list-style-type: none"> <li>• IPS Career Profile</li> <li>• Provided by VR Counselor</li> </ul>	<ul style="list-style-type: none"> <li>• MRO – Case Management includes person being connected to services for career development.</li> <li>• MRO – Skills Training and Development includes discussion of how symptoms would impact the achievement of career goals.</li> <li>• <i>VR will be primary payer for individuals who have been determined eligible and are active VR participants, with an active IPE and open authorization for relevant services (i.e., IPS career profile). MRO will be primary payer for career development activities conducted with individuals who do not meet this criterion (e.g., not yet applied or determined eligible for VR, no IPE, etc.)</i></li> </ul>



Phase of Employment Process/ Sample Activity	MRO Allowable <sup>9</sup>	VR Allowable	Service Type	Miscellaneous Notes/Examples
<b>Career Development</b> Visits to schools/training programs to help a person develop comfort in that setting, to learn about resources, to meet academic advisors or instructors, to learn about program requirements.	NO	YES	VR Services: <ul style="list-style-type: none"> <li>• IPS Career Profile</li> <li>• Provided by VR Counselor</li> </ul>	
<b>Career Development</b> Meeting with office for students with disabilities to discuss possible accommodations for learning and how mental illness affects learning and class participation.	YES	YES	MRO Services: <ul style="list-style-type: none"> <li>• Case Management</li> </ul> VR Services: <ul style="list-style-type: none"> <li>• Comparable benefit if available; IPS Career Profile or provided by VR Counselor</li> </ul>	<i>VR will be primary payer for individuals who have been determined eligible and are active VR participants, with an active IPE and open authorization for relevant services (i.e., IPS career profile). MRO will be primary payer for career development activities conducted with individuals who do not meet this criterion (e.g., not yet applied or determined eligible for VR, no IPE, etc.)</i>
<b>Career Development</b> Interventions with teachers/professors to describe approved accommodations, to explain missed classes and ask for makeup work.	YES	YES	MRO Services: <ul style="list-style-type: none"> <li>• Case Management</li> </ul> VR Services: <ul style="list-style-type: none"> <li>• Comparable benefit if available; IPS Career Profile or provided by VR Counselor</li> </ul>	

Phase of Employment Process/ Sample Activity	MRO Allowable <sup>9</sup>	VR Allowable	Service Type	Miscellaneous Notes/Examples
<p><b>Career Development</b> Help establishing study routines that may include special study plans related to concentration problems or thought disorders.</p>	YES	YES	<p>MRO Services:</p> <ul style="list-style-type: none"> <li>• Skills Training and Development</li> <li>• Behavioral Health Counseling and Therapy</li> </ul> <p>VR Services:</p> <ul style="list-style-type: none"> <li>• Comparable benefit if available</li> <li>• IPS Career Profile</li> <li>• Provided by VR Counselor</li> </ul>	
<p><b>Career Development</b> Help applying for financial aid, assistance with interactions with school financial office, help understanding loan and grant requirements.</p>	NO	YES	<p>VR Services:</p> <ul style="list-style-type: none"> <li>• Comparable benefit if available</li> <li>• IPS Career Profile</li> <li>• Provided by VR Counselor</li> </ul>	
<p><b>Financial Literacy</b> Assist person to understand current entitlements and consequences of working; provide assistance with gov't entities in this area.</p>	YES	YES	<p>MRO Services:</p> <ul style="list-style-type: none"> <li>• Case Management</li> </ul> <p>VR Services:</p> <ul style="list-style-type: none"> <li>• VR benefits counseling</li> </ul>	<p><i>VR will be primary payer for individuals who have been determined eligible and are active VR participants, with an active IPE and open authorization for relevant services (i.e., benefits information network.). MRO will be primary payer for financial literacy activities conducted with individuals who do not meet this criterion (e.g., not yet applied or determined eligible for VR, no IPE, etc.)</i></p>

Phase of Employment Process/ Sample Activity	MRO Allowable <sup>9</sup>	VR Allowable	Service Type	Miscellaneous Notes/Examples
<p><b>Financial literacy</b> Assist person to access other financial literacy tools.</p>	YES	YES	<p>MRO Services:</p> <ul style="list-style-type: none"> <li>• Case Management</li> </ul> <p>VR Services:</p> <ul style="list-style-type: none"> <li>• VR benefits counseling</li> </ul>	<p><i>VR will be primary payer for individuals who have been determined eligible and are active VR participants, with an active IPE and open authorization for relevant services (i.e., benefits information network.). MRO will be primary payer for financial literacy activities conducted with individuals who do not meet this criterion (e.g., not yet applied or determined eligible for VR, no IPE, etc.)</i></p>
<p><b>Clinical integration</b> Collaborate with Clinical Team actively and frequently to discuss supports and strategies that may help person persist and succeed in career goals. Collaboration regarding observed changes in mental health symptoms or medication side effects.</p>	YES	YES	<p>MRO Services:</p> <ul style="list-style-type: none"> <li>• Case Management</li> </ul> <p>VR Services:</p> <ul style="list-style-type: none"> <li>• VR Counselor provided</li> </ul>	
<p><b>Long Term Supports</b></p>	YES	NO (See Note for exception)	<p>MRO Services:</p> <ul style="list-style-type: none"> <li>• Skills Training and Development</li> <li>• Behavioral Health Counseling and Therapy</li> <li>• Peer Recovery</li> </ul> <p>VR: IPS Employment Services - Youth extended services (only available for select participants)</p>	<p>MRO – Ongoing supports for illness management, etc. to support the person in maintaining employment</p> <p>VR EXCEPTION– Youth extended services available through age 24 for individuals with a most significant disability as determined by VR for a period of up to 4 years</p>
<p><b>NOTE: Treatment Plans</b> should address a person’s interest or desire to work or pursue a career</p>				
<p><b>NOTE: Documentation</b> (action plans, progress notes, etc.) should refer to the person’s diagnoses, employment goals, and why they need assistance due to psychiatric symptoms interfering with achieving employment goals.</p>				

IMPORTANT NOTE: Missouri has developed a document that includes scenarios of braided/sequenced funding for IPS. Indiana, with the help of the IPS Early Adopters, plans on developing a similar document. See *Appendix 5 – Missouri Examples of Braided/Sequenced Fun*

# Appendix 1: IPS Supported Employment Funding in the USA

## IPS Supported Employment Funding in the United States



The U.S. lacks a single payer for evidence-based supported employment, also known as Individual Placement and Support (IPS). Most programs use **braided funding** from two or three sources.

### Main Sources of Funding

#### State Vocational Rehabilitation

Most IPS programs apply to become vendors (sometimes referred to as community rehabilitation providers) for State Vocational Rehabilitation (VR). Vendors are authorized to provide services on a case-by-case basis and receive payments for employment outcomes or milestones achieved by individuals.

##### Milestones



In some states, administrators at Vocational Rehabilitation contract annually with provider agencies to provide employment services instead of paying for milestones.

#### Medicaid

In some states, IPS practitioners bill Medicaid for medically necessary services that occur within the context of employment. Medical necessity has a specific meaning defined in each state's Medicaid plan.

In many states, it is not possible to bill for taking someone to a job interview (not medically necessary), but it may be possible to bill for helping someone manage symptoms while interviewing for a job (can be explained as medically necessary).

Some state Medicaid plans specifically include IPS supported employment, which simplifies the documentation process for practitioners.

#### State departments of mental health

Many state departments of mental health set aside funds to support IPS services.



These may be longstanding contractual arrangements or they may be specific initiatives.

For example, one state that shut down long-term hospitals diverted some of the savings to IPS programs.



### Other Sources of Funding

#### Grants

Additionally, several funding streams specifically target young adult services above and beyond what is available for adults.

#### County Mental Health Boards

#### Social Security's Ticket to Work Program



Recent legislation has earmarked federal funds for transition-age youth. Specifically, in 2015 Congress authorized a 10 percent set-aside in the Community Mental Health Services Block Grant for young adults experiencing early psychosis. The Workforce Investment and Opportunity Act of 2014 directs state vocational rehabilitation agencies to prioritize a significant portion of the federal funds to services for transition-age youth.

Agency administrators must determine which sources of revenue can be used for each step of the employment and education process.



Outreach

Engagement



Learning about goals/experience

Helping with job applications



Visiting employer without job seeker



Meeting employer with job seeker



Providing job supports

An even greater challenge for agencies is locating funds for IPS specialists to provide supports to students in high school, college, and certificate training programs. Some state mental health and vocational rehabilitation departments provide revenue for education services, and some state Medicaid plans may allow practitioners to bill for this service.

# Funding in 19 States in the Learning Community

These figures represent responses to a 2016 survey of state mental health leaders, IPS trainers, and Vocational Rehabilitation state liaisons from the 19 states in the IPS Learning Community at that time.

## County Funding for IPS



**9**

states (47%) have county funding that pays for IPS services

## Types of State Mental Health Funding



**16** states (84%) have some form of Medicaid billing for IPS services

**9**

states have sites where Medicaid reimburses portions of their services that meet medical necessity



**6** states have Rehab Option Medicaid waivers or amendments to help fund services

(including 1915b, B3 cost savings from 1915b/c, 1115c, and 1915i)

Other sources of state funding include: fee for service, Mental Health Grant Allocation, local mental health boards through state and local funds, General Fund, and federal Mental Health Block Grant funds.

Grants funded 3 other states. One of these states had 1115 Medicaid funding pending.

## Types of Grant Funding

**15** states (79%) have grants that help fund IPS services



Grant funders include:

- Substance Abuse and Mental Health Services Administration (SAMHSA) grants:
  - Transforming Lives through Supported Employment
  - Cooperative Agreements to Benefit Homeless Individuals (CABHI)
  - Mental Health Block Grants (MHBG)
- Private grants
- Corporate Contributions Johnson and Johnson - IPS Employment Center incentive funding
- State mental health dollars
- Mental Health and Substance Abuse Block Grant funds
- United Way
- State Legislative appropriations



## Ticket to Work



**5** states (26%) have IPS programs that receive Ticket to Work funding

## Medicaid Funding Attached to Fidelity

**3**

states (15%) have attached Medicaid funding to fidelity



## VR State Agencies Purchase IPS Services

**77%**

of VR state agencies (14 of 18) purchase time-limited VR services for VR eligible customers



## Milestone/Outcome Payments

All states that purchase VR time-limited services (job development and job placement, n=14) use some type of milestone/outcome system.



Total available payments (if all steps and factors are met):

Range:

**\$2,400-\$9,550**

Mean:

**\$5,451**

Median:

**\$5,319**

## Additional Funding from VR for IPS

All states that provide time-limited VR services for VR eligible IPS participants provide additional funding for services in support of an individual's employment plan, including work clothing, tools, equipment, assistive technology, supplies, and benefit analysis. Several state VR agencies hire trained benefits counselors to provide that service directly.

## IPS Specific Policies/Procedures

Developed by State VR Agencies

**6**

states have developed and published specific IPS policies, guidelines, or protocols to guide the work of VR counselors who work with IPS teams



# Examples of Braided Funding

Below are two examples of how states braided Vocational Rehabilitation and Department of Mental Health funding to support Individual Placement and Support (IPS) services.

## Example One

### Department of Mental Health Funding

1. Medicaid can be billed if employment services are tied to medical necessity for clients being served.
2. The state was awarded a 5-year Transforming Lives Through Supported Employment SAMHSA grant.



### Vocational Rehabilitation (VR) Funding

Outcome/milestone payments for IPS services:

- 15 days post job placement: \$1,693
- 45 days post job placement: \$1,693
- 90 days post job placement: \$3,386
- 120 days post job placement: \$700
- 150 days post job placement: \$700

**Total Available: \$8,172**

## Example Two

### Department of Mental Health Funding

1. IPS Supported Employment is considered a Rehabilitative Mental Health Service under the state's Medicaid State Plan. Supported Employment is part of the Prioritized List of Health Services outlined in the 1115 Medicaid Waiver.
2. In 2013, the legislature made a 1.5 million additional investment in IPS Supported Employment services to Community Mental Health Programs (CMHS) statewide. The funding ensured statewide expansion and helped to provide services to individuals who are indigent, privately insured, or who are covered by Medicare.



### Vocational Rehabilitation (VR) Funding

VR provides milestone payments to IPS sites based upon performance based job development and job coaching contracts.

Supported employment job placement costs are \$2,000 and retention is \$1,500.

For an intensive supportive employment consumer, the placement is \$2,000 and retention is \$2,000.

**Total Available: \$3,500 to \$4,000**

Vocational Rehabilitation is the Employment Network (EN) for Ticket to Work in the state and shares milestone pays with IPS providers.

For more information visit us on the web at

[www.ipsworks.org](http://www.ipsworks.org)

or connect with us on social media

[@ipsworks2002](https://www.instagram.com/ipsworks2002)



Employment Center



## Appendix 2: Excerpts from the Indiana Medicaid Rehabilitation Option Provider Manual (Version 10.0)

[mro\\_provider\\_manual.pdf\(indianamedicaid.com\)](http://mro_provider_manual.pdf(indianamedicaid.com))

<b>Case Management</b>	Case Management consists of services that help members gain access to needed medical, social, educational, and other services. This includes direct assistance in gaining access to services, coordination of care, oversight of the entire case, and linkage to appropriate services.
<b>Behavioral Health Counseling and Therapy</b>	Behavioral Health Counseling and Therapy is a series of time-limited, structured, face-to-face sessions that work toward the goals identified in the IICP
<b>Skills Training and Development</b>	Skills Training and Development involves face-to-face contact with the member and/or family or nonprofessional caregivers that result in the member's development of skills (for example, self-care, daily life management, or problem-solving skills), in an individual setting, directed toward eliminating psychosocial barriers. Development of skills is provided through structured interventions for attaining goals identified in the IICP and the monitoring of the member's progress in achieving those skills.
<b>Peer Recovery</b>	Peer Recovery Services are individual face-to-face services that provide structured, scheduled activities that promotes socialization, recovery, self-advocacy, development of natural supports and maintenance of community living skills

# Appendix 3: Working Together – An IPS and ACT Guide

## Working Together

### An IPS and ACT Guide

Members of the Assertive Community Treatment (ACT) Committee of the Individual Placement and Support (IPS) Learning Community developed these guidelines based on their experiences with both ACT teams and IPS teams. These recommended standards may apply to a variety of other teams such as coordinated specialty care teams for early psychosis and assertive community outreach teams.

#### 1 Develop a Culture of Work

ACT teams develop a culture to support individualized paths of recovery. Rather than using a crisis response orientation, staff discuss functional roles such as worker/student for the people they serve. They create a culture of hope in which the intensive supports of the IPS specialist help service recipients develop the confidence and skills needed to reach their vocational potentials. IPS was developed for and has been proven effective with people with serious mental illness, and therefore is the best vocational model for ACT teams to adopt. Witnessing people going to work and doing well helps team members believe in the work possibilities of the people they serve. When people have set-backs and learn from their experiences, team members see the value of work in recovery.

The IPS specialist and the ACT team lead address the topic of vocation at every team meeting. They ask about each

Bulletin boards are useful tools to display information about people going to work and school. Place the bulletin board in a location for all staff and ACT participants to see.

ACT participant's interest in work and suggest how a person's interests and skills may transfer to the workplace. They ask about further education to build knowledge and skills for desired employment. The IPS specialist shares work successes with the team. At least monthly, the team talks about an employed person they serve. *What seemed to help the person succeed? Why do team members think work is important to this individual? Why is employment important for this person?* They highlight how team members helped the person work – everyone shares in success.

The ACT team lead tracks the rate of competitive employment and the team uses the outcomes to set goals for increased rates. For example, in quarter 1, 2017, Oregon had 26 ACT teams with an overall competitive employment rate of 11%. The rates of the top four teams were: 44%, 33%, 27%, and 24%. The rates of the bottom four teams were: 0%, 0%, 0%, and 0%. What were the teams doing differently? ACT team leaders share employment rates with their agency executive directors.

#### 2 Protect the Role of the IPS Specialist on the ACT Team (Generalists vs. Specialists)

The IPS specialist, the psychiatrist and the nurse have specialist roles. Based on research findings, the IPS specialist focuses on employment and education to achieve good outcomes. The team has the responsibility to protect the IPS specialist from tasks and assignments that are not vocationally related. As with the role of the IPS specialist on any clinical team, the IPS specialist spends at least 96% of their time providing employment services. The IPS specialist, similar to all specialists, must maintain good boundaries when asked to assist with non-vocational needs of the ACT participants. The team leader and other team members determine who else on the team will assist instead. When IPS specialists clearly communicate their role, ACT teammates are respectful and considerate of the IPS specialists' responsibilities.

IPS specialists may underestimate the amount of time that they actually spend on non-vocational activities. To maintain a focus on providing employment services, IPS specialists make their schedule in advance (one week) as much as possible.

An exercise that helps to clarify time is to ask the IPS specialist to review the past two weeks using their daily calendar to determine the employment services they delivered as well as the non-employment services.

### 3 Train the ACT Team Lead and ACT Staff on IPS

State leaders ensure that all ACT teams and all IPS units receive ACT and IPS service integration training. Additionally, ACT team leads and IPS supervisors are cross-trained. When a state office of behavioral health offers both ACT and IPS training, they provide basic ACT training to the IPS supervisors and involve ACT team leads in regional IPS trainings around the state. Presentations and discussions are effective methods to educate and promote integrated services.

When ACT team leads are trained on IPS, information on building employer relationships is emphasized. Afterwards, in pairs, the IPS supervisor and the ACT team lead conduct job development together to help the ACT team lead experience this method of job development. State leaders convey the expectation that the ACT team lead is responsible for training the ACT team about IPS, including field mentoring for employer relationship building. The ACT team lead provides team-focused training so that the psychiatrist and case managers understand and support the model.

### 4 Models of Supervision for ACT IPS Specialists

Act Team Lead, IPS Supervisor

The ACT IPS specialist receives ACT supervision from the ACT team lead and IPS supervision from the IPS supervisor. The IPS specialist is a full member of both teams, i.e., attending weekly and group IPS supervision and attending daily ACT team meetings. If the IPS specialist is part time on the team, the IPS specialist attends at least two ACT team meetings per week. Through this organizational structure, the IPS specialist garners IPS vocational support from the IPS team and ACT clinical support from the ACT team. On a monthly basis, they provide supervision together. When an ACT team and IPS unit are part of the same agency and the ACT team lead has IPS experience, skills, and commitment, we recommend that the ACT team lead is the administrative supervisor of the ACT IPS specialist. Otherwise, the IPS supervisor is the administrative supervisor of the ACT IPS specialist.

### 5 Caseload Size of ACT IPS Specialist

The caseload size is 20:1 for IPS specialists. While the caseload size is calculated differently on the ACT fidelity scales (Dartmouth Assertive Community Treatment Fidelity Scale (DACTS) and Tool for Measurement of Assertive Community Treatment (TMACT)), based on caseload for the whole team it is possible to meet both the IPS and ACT caseload standards. Similar to the psychiatric care provider who is not bound to the 10:1 ratio because of specialization, the ACT IPS specialist focuses on employment and education. People who express interest, or even marginal interest, in work and/or school are on the IPS caseload. The IPS specialist connects with people on the caseload at least monthly, understanding that some participants disengage and then reengage.

The ACT IPS specialist, in coordination with the rest of the ACT team, attempts to engage the majority of ACT service recipients to explore interests and ideas about work and/or school. *What would be the benefits of having a job? What would it be like to have a job 5 hours a week or 10 hours a week? What kind of job would be a good fit for you? Who do you admire who has a job? How could further schooling help you prepare for the job you want?* The ACT IPS specialist caseload is likely to be small initially (e.g., 10 participants) while engaging people around work, school, and certificate programs.



## 6 Engage ACT Service Recipients in Work or School

Phone calling is one of the easiest ways to do outreach, but it is also one of the least successful ways, though sometimes yielding results. Another method of outreach is when IPS specialists volunteer to drop off medications or provide transportation for service recipients and discuss employment/education. Although these tasks do not appear to be employment related, the face-to-face contact gives the opportunity to discuss interests/skills, employment, and vocational support. The IPS specialist attempts to build rapport with people who are unsure about considering work or further education or training. The IPS specialist introduces ACT participants who are unemployed to people who are employed and helps to facilitate a discussion. All ACT practitioners talk to people about work/school. They ask ACT participants, "What did you do yesterday morning? What about in the afternoon? Evening? Is this how you want to spend your time? What would you like to be doing three years from now?" The team asks all ACT participants about work and school periodically with the understanding that some people may not be interested due to their age or other individual circumstances.

ACT peer specialists meet with participants to encourage further exploration about interest in work or school. The ACT peer specialist serves as a role model of someone who has lived with behavioral health challenges and has moved forward in recovery through work. The peer specialists may share their personal stories of going to work, even going off benefits if that is the case.

The IPS career profile is part of the ACT comprehensive assessment. The assessment includes questions about work and school.

The ACT IPS specialist provides access to benefits planning for people who are unsure about work. People need accurate and comprehensive information about benefits in order to make decisions about obtaining employment.

The ACT team lead tracks engagement and interest in employment and/or education by using a spreadsheet during daily ACT team meetings. The spreadsheet lists each ACT participant's name and six to seven important domains, including employment status and interest/engagement in thinking about work or school. The ACT team lead checks off the domains that apply to each service recipient and uses the information for service planning.

## 8 ACT IPS Specialist Responsibilities

ACT IPS specialists carry out all responsibilities as outlined on the service section of the IPS fidelity scale. They engage participants around work and school, make referrals for benefits counseling as needed and requested, build an employer network by making six contacts per week with hiring managers, assist participants gain competitive employment and education, and provide individualized, time-unlimited follow-up supports. Decisions about when people transition off the IPS caseload are made when the individual has demonstrated ability to work with natural supports (e.g., family, friends, work colleagues). Transition planning occurs in discussions over time including how the participant wants and needs support. Participants continue with the same IPS specialist to avoid disruptions caused by staffing changes.

## 7 IPS Specialist Staffing on ACT Teams

ACT teams serving 50 participants have 1 full-time equivalent (FTE) IPS specialist. Teams with 75 participants have 1.5 FTE IPS specialists and teams with 100 participants have 2 FTE IPS specialists.

## 9 Goal Setting

State leaders may consider establishing paid performance goals for agencies with ACT participants who are working. For example, a state may have a goal of 10% of ACT participants working part time or full time, or receiving IPS. State leaders adjust goals as more people gain employment.

## 10 State Steering Committee

The function of an ACT-IPS state steering committee is to oversee and make recommendations regarding the coordination of ACT and IPS services, employment outcomes, cross training, funding, and implementation barriers. The ACT-IPS steering committee, which could be a subcommittee of the IPS steering committee or the ACT steering committee, initially meets quarterly to discuss implementation and sustainment of coordinated ACT and IPS services.

# Appendix 4: Excerpt - Individual Placement and Support (IPS) Guidance for IPS VRC Liaisons

## VR IPS Funding

Eligible VR Individuals with mental health diagnoses are the target population for IPS. Please note that only the IPS early adopter CMHCs are eligible to provide IPS and receive the IPS hourly services authorizations from VR.

VR will fund employment services with a combination of milestone payments and hourly IPS service funding.

Milestone service definitions, documentation requirements, service codes, and rates are outlined in the [Indiana VR Manual of Employment Services](#).

While IPS emphasizes rapid job search, and not necessarily rapid job placement, there will be times when placement occurs early and perhaps before all the relevant information is known about the participant. Thus, early placements may not be long-lasting (though may serve as a learning experience or skills building opportunity), and milestone 1 (and possibly milestone 2) may need to be reauthorized and paid again if the initial job ends. Good judgment should also be exercised in ensuring that the placement matches the participant's interests, needs, etc., and all subsequent placements and milestones should be discussed with the VR Counselor before proceeding.

Hourly VR IPS funding will be paid at the same rate as Medicaid Rehabilitation Option (MRO) skills training, at the rate of \$70 per hour. IPS hourly services will be used to support VR eligible individuals with mental health conditions in developing a career profile and obtaining supported employment services (for those with the most significant disabilities) or short-term on-the-job supports. Definitions and services codes for VR IPS hourly services are outlined below.

### *VR IPS Career Profile*

**Service Definition:** This service is provided in place of Discovery services for IPS participants. The Career Profile will include information about vocational interests, career goals, preferences, transferable skills, etc., discuss disability disclosure, explore training needs, and outline an appropriate vocational goal. The process of updating the Career Profile may be ongoing as more information is learned. However, as one of the principles of IPS is to rapidly engage participants in their job search, sufficient information should be obtained in order to identify an appropriate vocational goal and begin job development within 30 days. The Career Profile may continue to be updated after 30 days, as appropriate.

**Documentation Requirements:** The Discovery Profile will be used to document activities and identify the proposed vocational goal. Only the relevant sections of the Discovery Profile need to be completed. Section 1. Discovery Activities is optional. It should include any activities completed such as job shadows, informational interviews, etc. but is not necessary if no such activities were completed. Section 2. Putting what you learn into action must be completed as this information should be gathered through meeting(s) with the participant and employment specialist, review of collateral, and other activities completed. Section 2 is the considered the Career Profile documentation. If billing is submitted prior to completion of the career profile and submission of the relevant sections of the Discovery profile, the monthly progress summary should be completed and submitted with billing.

Service code: 53-40

Rate: \$70/hour

### *VR IPS Supported Employment*

Service Definition: Supported Employment (SE) services are ongoing support services and other appropriate services needed to support and maintain an individual with a MSD in SE for a period generally not to exceed 24 months. SE services, such as job coaching, are for individuals who have SE and long-term supports identified on the IPE. The IPS early adopter CMHC will provide needed on-site or off-site supports with the goal of stabilization for the participant, such as development of natural supports, identification of reasonable accommodations, or other supports.

Documentation Requirements: Please refer to the [Indiana VR Manual of Employment Services](#) for documentation requirements.

Service code: 63-10

Rate: \$70/hour

### *VR IPS Employment Services*

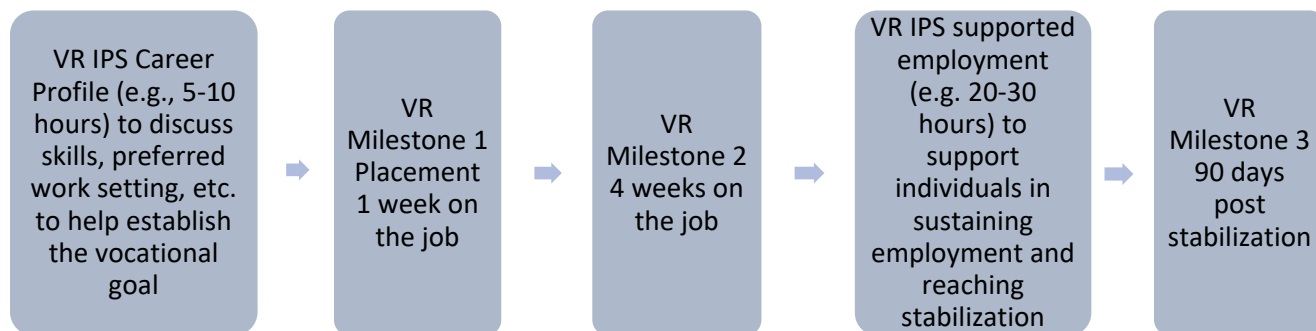
Service Definition: This service is used for other hourly employment services not defined above, such as hourly job search/job placement activities, on-the-job supports short-term, or other hourly employment services and supports. Please refer to the [Indiana VR Manual of Employment Services](#) for specific service definitions.

Documentation Requirements: Please refer to the [Indiana VR Manual of Employment Services](#) for documentation requirements.

Service code: 72-70

Rate: \$70/hour

Basic VR funding structure for IPS early adopter CMHCs:



VR dollars may be braided with MRO dollars or other resources to support eligible individuals with mental health conditions who receive IPS services through the early adopter CMHCs. For example, some participants may be eligible for Medicaid Rehabilitation Option (MRO) funding which may support case management activities or mental health symptom or medication management. Many participants may be eligible for Medicaid which may be the primary funding source for clinical services, such as individual or group therapy, and cost of medications. VR will be the primary funding source for direct employment services. Detailed written guidance regarding braiding and sequencing of funding will be provided to IPS early adopter CMHCs and IPS VRC Liaisons.

[Redacted]

## Appropriate Use of Community Support and Targeted Case Management in Workplace Environments

[Redacted]

Missouri Department of Mental Health



[Redacted]

This document is designed to provide guidance on billing for elements of supported employment under the Rehabilitation and Targeted Case Management Options of Medicaid for people with serious mental illness. It is intended to assist workers in providing assistance and identifying billable activities related to supported employment.

Updated 2018

[Redacted]

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Medicaid is a program designed to fund medical services. Demonstrating the “medical necessity” of services is an administrative requirement attached to the development and documentation of an individual plan. The treatment plan should clearly demonstrate the legitimate clinical need, the justification for services provided, and indicate an appropriate response to that need. The clearest and most effective approach in documenting medical necessity is through the creation of a clinically relevant individual plan. Effective development and documentation of holistic individual plans is both an acquired skill as well as a clinical art.

The treatment plan:

- Helps to integrate information about the person and family as related to clinical needs;
- Facilitates prioritization of needs, interests, and recovery/rehabilitative goals;
- Provides a strategy for managing complexity and describes interventions defined by measurable outcomes;
- Is an ongoing process connecting clinical assessments with targeted service delivery.

Progress notes should clearly state activities and interventions that are directly related to the goals and interventions described in the treatment plan.

#### **Medicaid Will Not Pay For:**

In general, Medicaid will not pay for:

1. Job skill training & coaching for specific job skills and job tasks (do not bill for teaching the job functions, i.e., how to work the computer, fryer, phone system, drill press, etc.)
2. Tuition for training programs
3. Supplies for work (boots, computers, uniforms, etc.)
4. Speeches to Rotary and other community groups seeking employer engagement
5. “Cold calls” to employers for generic job leads

#### **Community Support and Targeted Case Management in the Work Environment**

The vast majority of community psychiatric rehabilitation (CPR) program activities in a workplace environment focus on helping a person overcome or address psychiatric symptoms that interfere with seeking, obtaining, and maintaining a job. Symptoms include both positive and negative symptoms. Positive symptoms include auditory or visual hallucination, incoherence or marked loosening of association, delusions, etc. Negative symptoms include apathy, lethargy (lack of motivation), ambivalence, flattening of emotions, isolation, and withdrawal. It is likely that the reason you are providing the CPR help is due to these symptoms. Medicaid will reimburse for supports that relate to any of these symptoms. The services being provided is focused on illness management and recovery, regardless of setting.

Treatment plans should address a person’s interest or desire to work or pursue a career.

Documentation (action plans, progress notes, etc.) should refer to the person’s diagnosis, employment goals, and why they need assistance due to psychiatric symptoms interfering with achieving employment goals.



**Here are a few examples of Community Support Interventions in the Workplace environment (in bold print):**

Example #1

A person you are working with says he would like to work. He reports having the desire to work, but struggles with feeling depressed, isolated, is uncomfortable in crowds, lacks motivation to get out of bed, sleeps much of the day, and is unfamiliar with employment options. This person has many strengths including an awareness of his symptoms, good personal hygiene and grooming habits, and has worked sporadically in the past. Following a discussion with him and the treatment team, the treatment plan is revised to include an employment goal. Since it's been a while since his last job, he has expressed interest in working on communication skills and self-presentation so **the plan includes interventions such as role playing and practicing skills in a community setting. You also work with the person to establish a routine, including a sleep schedule. You assist the individual with exploring local employment options, including discussions about interest, monitoring or assisting with finding job openings in the local paper, reviewing employment assistance resources (VR, career centers, employment services, Internet, newspaper, etc.) going with him out in the community (if needed) to look at employment options, and researching and assisting with transportation options.**

Example #2

The person you are working with begins hearing voices on the job, walks off the job site, and calls to tell you he does not want to work. **You discuss with him that there are ways to manage increased symptoms at work, and you are willing to coordinate with his psychiatrist and/or licensed Mental Health Clinician to develop a plan that would include ways to deal with symptoms on the job site. You spend time with him planning and practicing which strategies to try when symptoms occur at work. You meet with him and his supervisor to discuss reasonable accommodations that need to be made, discuss recent problems at work, and develop a plan. You touch base with him and his supervisor several times over the next few days to see if the plan is working.**

Example #3

You get a call from a supervisor stating a person you work with has been doing poorly at work. She has been getting angry at other employees, calling in sick, and is having difficulty completing the job. The supervisor has previously been very satisfied with her performance. You make a visit to the job site, and **work with her to assess the situation while the supervisor is present. In this interaction you realize that she is experiencing confusion and frustrations due to her delusions. You remind and rehearse with the person how her illness-self-management group taught her to deal with her delusions by identifying triggers and acceptable coping strategies. You also point out and model alternative strategies with her and the employer using accommodations (quieter work space and rearrangement of duties to have less contact with coworkers) that will minimize the effects of her symptoms. You remind her to discuss her symptoms with her psychiatrist and /or licensed Mental Health Clinician.**

#### Example #4

A person that you work with starts a new job, and calls to say that people at work are staring at her and talking about her. You make a visit to the job site and realize that the person is having difficulty interacting with other employees due to her inability to manage anxiety, panic, and fear. **You work with the person in identifying strategies to manage her anxiety, panic, and fear by helping her use breathing techniques to decrease her anxiety, based up the interventions prescribed by her psychiatrist and/or licensed Mental Health Clinician.**

#### Example #5

A man you are working with has a desire to be employed, and is interested in retail sales. He comes from a family of jewelers and wants to have a similar job. **Unfortunately, his rapid cycling manic symptoms can be unpredictable, thus he is not always appropriate with customers (too talkative, silly jokes, does not get down to business).** The individual wants to find out what type of duties and tasks are included in becoming a jeweler. In the discussion, you and he come to agreement that due to his symptoms, he is likely to be more successful working in back on jewelry than at the front counter with customers. You and the client explore work environments. You and the client approach XYZ jewelers, and discuss duties that are needed by them. You assist during the visit with prompts to ask questions about the essential functions of the job, and assist him with remaining focused. Following the visit, you discuss the duties required and work with him on communication skills, self-presentation, and coping with stress.

#### **Here are examples of Targeted Case Management Intervention (TCM) (in bold print):**

#### Example #6

Your agency wants to improve the employment outcomes for the people they serve. With this in mind, you talk with someone in your caseload who has marked increase in anxiety symptoms due to a fear of losing her benefits if she goes back to work. You talk with her about this and tell her about the agency's benefits specialist or Office of Adult Learning and Rehabilitation –VR (VR) office. **She agrees to go with you to a meeting with the benefits specialist (or VR office) to review how employment would affect her benefits.**

#### Example #7

One of the people you work with, who receives TCM services, tells you that she is finally ready to try to find a job. You call one of your agency's employment specialists and find out she is not enrolled in VR services. The employment specialist tells you she meets the eligibility requirements for Individual Placement and Support (IPS) supported employment and gives you the contact information for services at the regional VR office. **The treatment plan is revised with the person's input to include an employment goal. You meet with her, provide the contact information, and assist in making the initial phone call.** After talking with her, you determine that additional assistance with coordination and linkage is needed due to symptoms related to her illness, limited natural supports, transportation issues, and advocacy needs. She asks you to accompany her to the initial appointment. **You assist in making the appointment**

**and arrange to meet her at the VR office so you can support her in accessing services. You investigate resources, provide information, assist with phone calls, and make periodic home or site visits to monitor progress.**

**\* While transportation can be billable when associated with an intervention, it is still not allowable to bill for transporting the individual to and from work.**